

Compliance Evaluation and Review Tool (CERT)

Introduction

The Compliance Evaluation and Review Tool (CERT) was designed to capture provider compliance in the four focus areas listed below. These focus areas capture the intent of IAC 460, Article 6, the Division of Disability and Rehabilitative Services (DDRS) Policies, and the Home and Community Based Services (HCBS) waiver applications monitored through DDRS.

- I. The provider meets qualifications for waiver services being delivered;
- II. The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees;
- III. The provider maintains employee information confirming key health, welfare and training issues; and
- IV. Quality assurance and quality improvement.

On behalf of the Bureau of Quality Improvement Services (BQIS), Liberty of Indiana surveyors evaluate compliance within these focus areas by reviewing provider documentation guided by the 52 Indicators and associated Probes. A copy of the CERT Guide utilized during this review period (10/01/2011 – 12/31/2011) can be found through the following link: http://www.in.gov/fssa/files/CERT_Guide_-_10_1_11_final.pdf.

It should be noted that this is an update to the tool initially used for compliance reviews. Effective 10/01/2011, BQIS began using the updated version which included the following changes:

- Citations are issued at the Indicator level (previously at the Probe level). The result is a reduction in total possible negative findings from 181 (previous number of Probes) to 52 (current number of Indicators).
- The updated DDRS Policies were integrated within the tool. While the total possible negative findings significantly decreased, there was an increase in the scope of the reviews. This was necessitated by the clarification provided within the DDRS Policies. These policies can be found through the following link: <http://www.in.gov/fssa/ddrs/3340.htm>.
- With Providers of Day Services (i.e., Adult Day Services; Community Based Habilitation; Facility Based Habilitation; Facility Based Support Services; Pre-Vocational Services; Supported Employment; and Workplace Assistance) required to maintain accreditation through one of the approved accrediting bodies, BQIS stopped reviewing these services with the CERT. This shift took place on 10/01/2011.
- BQIS began accepting accreditation for other services as proof of compliance in November of 2011. The result of this shift was an increase in the services that were exempt from review with the CERT.
- With the compliance reviews expanding to providers delivering more than residential services (this was the initial target group), a re-examination of Indicators and Probes took place. This resulted in identification of “Service Specific” Indicators and Probes.

While there have been 246 CERT reviews conducted since initiation of this process in 2010, this report will focus on the 103 reviews that were conducted between 10/01/2011 and 12/31/2011. As with previous communications, it is hoped that providers will utilize this information to assure alignment of their practices, procedures and files with the outlined regulations/assurances. Providers taking this approach will reduce organizational risk and facilitate a positive review process for those involved.

Results*

During the period from 10/01/2011 through 12/31/2011, negative findings (i.e., Indictors that were not met) ranged by provider from zero (0) to 20 with an average of 9 negative findings per review. Fifty-seven (57) of these reviews have been closed with the remaining considered in process while corrective action and further review is taken. Of the 103 reviews, 10% did not result in a negative finding (Table 1). This was a significant decline (decrease from the 38% noted during the previous quarterly period). With the shift towards citing at the Indicator level during the last quarter, this resulted in an overall reduction of average findings as well as range.

Table 1: CERT results across quarterly periods.

	<1/1/11	1/1/11-3/31/11	4/1/11-6/30/11	7/1/11-9/30/11	10/1/11-12/31/11 ^a
Reviews Conducted	28	38	40	37	103
Reviews with Findings	27 (96%)	37 (97%)	30 (75%)	23 (62%)	93 (90%)
Range of Findings	0 to 71	0 to 89	0 to 62	0 to 45	0 to 20
Average Findings per Review	21	24	14	12	9

^aFindings from 10/01/2011 through 12/31/2011 pertain to Indicators (max of 52)

Of note, there was a shift in the CERT Focus Area capturing the greatest number of unmet Indicators. As can be seen Table 2, all five of the most cited Indicators were associated with **Focus Area II: The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees.** This is in contrast with the CERT results associated with the previous version of the tool. For reviews conducted through 09/30/2011, the majority of unmet Probes were all associated with **Focus Area III: The provider maintains employee information confirming key health, welfare and training issues.** This shift is likely associated with the recent nature of the updated DDRS Policies which have provided clarification (and additional Probes) to the tool utilized.

Table 2: The following five Indicators were those most likely unmet by providers (10/01/2011 – 12/31/2011).

Indicators Most Unmet	Providers Out of Compliance
II.A.2 Written procedures for prohibiting violations of individual rights: Does the provider have written policies and procedures that prohibit its employees/agents from violating individuals' rights per 460 IAC 6-9?	61 (59%)
II.A.10 Conflicts of Interest & Ethics: Does the provider have a conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements?	59 (57%)
II.A.15 Incident Reporting: Does the provider have an incident reporting policy that complies with 460 IAC and DDRS policies?	59 (57%)
II.A.9 Emergency Behavioral Supports: Does the provider have a policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies?	51 (50%)
II.A.6 Written Personnel Policy: Does the provider have a written personnel policy that contains all of the items required in 460 IAC and DDRS related policies?	49 (48%)

To further explore the areas found to be most frequently unmet, the most frequently unmet Indicators by CERT Focus Area are captured in the tables to follow. Along with the noted Indicators, the most frequently unmet Probes (Top 3) will be presented to clarify specific areas of greatest need.

As noted above, the area with the greatest number of deficiencies continues to be associated with **policies and procedures: (II): The provider has policies and procedures to ensure the rights of individuals, to direct appropriate services, and to support and manage employees.** Within this area, the following five Indicators and associated three Probes were found to be those most frequently out (Table 3). While there were Probes from Focus Area II noted during previous CERT reviews (prior to 09/30/2011), none were consistent with those identified during this quarterly period suggesting novel areas for further training and awareness among the provider community.

**The following results pertain to reviews conducted from 10/01/2011 through 12/31/2011.*

Table 3: Most frequently cited Indicators and Probes, CERT Focus Area II.

Areas Most Frequently Out of Compliance: Top 5 (I)ndicators; Top 3 Probes	Providers Out of Compliance
II.A.2 Written procedures for prohibiting violations of individual rights: Does the provider have written policies and procedures that prohibit its employees/agents from violating individuals' rights per 460 IAC 6-9? (I)	61 (59%)
<ul style="list-style-type: none"> II.A.2.1.e - Emotional/verbal abuse, including but not limited to communicating with words or actions in a person's presence with intent to: Cause the individual to be placed in fear of retaliation; Cause the individual to be placed in fear of confinement. 	37 (36%)
<ul style="list-style-type: none"> II.A.2.1.h - Conducting and participating in an investigation of an alleged violation of an individual's rights or reportable incident. 	23 (22%)
<ul style="list-style-type: none"> II.A.2.1.j - Investigating rights violations and incidents which include immediate necessary steps to protect an individual who has been the victim of abuse, neglect, exploitation or mistreatment from further abuse, neglect exploitation or mistreatment. 	21 (20%)
II.A.10 Conflicts of Interest & Ethics: Does the provider have a conflict of interest and code of ethics policy that meets 460 IAC and DDRS requirements? (I)	59 (57%)
<ul style="list-style-type: none"> II.A.10.6.a - Prohibitions against giving gifts to state employees, special state appointees, the spouse or un-emancipated child of an employee, the spouse or un-emancipated child of a special state appointee, an Individual potentially receiving services. 	52 (50%)
<ul style="list-style-type: none"> II.A.10.3.b - Not allow for nepotism during the conducting, directing, reviewing or other managerial activity of an investigation into an allegation of abuse or neglect, by prohibiting friends and relatives of an alleged perpetrator from engaging in these managerial activities. 	48 (47%)
<ul style="list-style-type: none"> II.A.10.6.b - Ethical safeguards and guidelines limiting the provision of gifts to an individual receiving service from the provider and any guardian or family member of an individual receiving service from the provider. 	48 (47%)
II.A.15 Incident Reporting: Does the provider have an incident reporting policy that complies with 460 IAC and DDRS policies? (I) <i>File an incident report with BQIS within 24 hours of initial discovery of a reportable incident. Initial incident report should include:</i>	59 (57%)
<ul style="list-style-type: none"> II.A.15.23.b - Description of circumstances and activities occurring immediately prior to incident. 	47 (46%)
<ul style="list-style-type: none"> II.A.15.23.c - Description of any injuries sustained during incident. 	47 (46%)
<ul style="list-style-type: none"> II.A.15.23.a - Comprehensive description of incident. 	45 (44%)
<ul style="list-style-type: none"> II.A.15.23.d - Description of both the immediate actions taken and actions planned but not yet implemented. 	45 (44%)
II.A.9 Emergency Behavioral Supports: Does the provider have a policy that complies with 460 IAC and DDRS policies for addressing behavioral emergencies? (I) <i>The provider's written policy for behavioral emergencies should include directions for documenting:</i>	51 (50%)
<ul style="list-style-type: none"> II.A.9.4.a - A description of the behavioral emergency. 	42 (41%)
<ul style="list-style-type: none"> II.A.9.4.b - A description of the emergency intervention implemented. 	42 (41%)
<ul style="list-style-type: none"> II.A.9.4.c - The person(s) implementing the emergency intervention. 	41 (40%)
<ul style="list-style-type: none"> II.A.9.8.b - <i>The provider's policy directs its staff to convene an IST meeting as soon as possible, but no later than two (2) business days following a behavioral emergency when a restrictive intervention was used. The purpose of this meeting is to plan supports to minimize any future necessity for emergency response, including but not limited to: Making environmental adjustments, as may be indicated.</i> 	41 (40%)
II.A.6 Written Personnel Policy: Does the provider have a written personnel policy that contains all of the items required in 460 IAC and DDRS related policies? (I) <i>The provider's written personnel policy should contain a prohibition against employing or contracting with a person who has been convicted of any of the following offenses (felony):</i>	49 (48%)
<ul style="list-style-type: none"> II.A.6.4.g - Criminal conversion. 	30 (29%)
<ul style="list-style-type: none"> II.A.6.4.h - Criminal deviate conduct. 	29 (28%)
<ul style="list-style-type: none"> II.A.6.4.i - Offense related to alcohol or a controlled substance. 	21 (20%)

A high number of providers continue to be found out of compliance in regard to their **employee files** (The provider maintains employee information confirming key health, welfare and training issues). With only three Indicators captured within this area, all will be presented along in Table 4. Through 09/30/2011, the greatest numbers of negative findings were in the area of training on individual specific areas (e.g., appropriate location of instructions, appropriate documentation of individual progress, and training on task analyses). With the shift away from surveying Residential Habilitation Providers, it appears logical that the areas most found deficient since 10/01/2011 are associated with more

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general categories of training. This includes training on dignity, incident reporting and abuse, neglect, and exploitation. When compared to previous quarters, there continues to be deficiencies in the training related to dignity, abuse, neglect and exploitation. These appear to be persistent areas of need across both version of the CERT.

Table 4: Most frequently cited Indicators and Probes, CERT Focus Area III.

Areas Most Frequently Out of Compliance: 3 (Indicators; Top 3 Probes	Providers Out of Compliance
III.A.3 Documentation of general training completed before employee begins working with an individual (For direct-care staff): Does the provider's employee or agent files contain evidence that general training was completed in accord with 460 IAC and DDRS Policies. (I) <i>A Provider's owners, directors, officers, employees, contractors, subcontractors or agents performing any management, administrative or direct service to an Individual on behalf of a Provider company shall receive initial and at minimum annual training in the protection of an Individual's rights, including:</i>	43 (42%)
<ul style="list-style-type: none"> III.A.3.2.c - DDRS incident reporting, including: DDRS's current policy on incident reporting; the Provider's incident reporting policies and procedures. 	28 (27%)
<ul style="list-style-type: none"> III.A.3.2.a - respecting the dignity of an Individual.^b 	26 (25%)
<ul style="list-style-type: none"> III.A.3.2.b - protecting an Individual from Abuse, Neglect, and Exploitation.^b 	24 (23%)
III.A.2 Criminal background checks: Does the provider's employee or agent files contain evidence of the criminal background checks required in 460 IAC and DDRS policies? (I)	42 (41%)
<ul style="list-style-type: none"> III.A.2.1 - Each of the provider's employee/agent files should have evidence that a criminal history search was obtained from every state (including the Indiana Central Repository) and county, wherever located, in which an owner, officer, director, employee, contractor, subcontractor or agent involved in the management, administration, or provision of services has resided and/or worked during the three (3) years before the criminal history investigation was requested. 	36 (35%)
<ul style="list-style-type: none"> III.A.2.2.j - <i>A criminal background check that verifies each employee is free of <u>felony convictions</u> that include:</i> criminal conversion. 	25 (24%)
<ul style="list-style-type: none"> III.A.2.2.1 - <i>A criminal background check that verifies each employee is free of <u>felony convictions</u> that include:</i> offense related to alcohol or a controlled substance. 	25 (24%)
III.A.1 Files for each employee or agent of the provider: Do the provider's employee or agent files contain all of the general required documents stated in 460 IAC and DDRS policies? (I)	35 (34%)
<ul style="list-style-type: none"> III.A.1.1.e - For employees or agents that work with individuals, a record of current CPR certification by the American Red Cross, the American Heart Association, the National Safety Council, the American Health and Safety Institute, or the Emergency Care and Safety Council. 	26 (25%)
<ul style="list-style-type: none"> III.A.1.1.d - A negative TB screening dated prior to the employee providing services for all employees/agents including administrative and clerical staff. 	15 (15%)
<ul style="list-style-type: none"> III.A.1.1.c - For employees or agents who transport individuals in their personal automobiles: Proof of current automobile insurance. 	5 (5%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

Just over half of providers have good systems set up in the area of **quality assurance and quality improvement** (focus area IV of the CERT). The one indicator and related Probes are presented in Table 5. There continues to be a need for providers collect annual satisfaction surveys from consumers and to analyze and take action to improve services in response to these surveys. Further, while providers appear to do a better job analyzing incident data, more effort is needed in the area of risk reduction plans based on this information.

**The following results pertain to reviews conducted from 10/01/2011 through 12/31/2011.*

Table 5: Most frequently cited Indicators and Probes, CERT Focus Area IV.

Areas Most Frequently Out of Compliance: (I)ndicator; Top 3 Probes	Providers Out of Compliance
IV.A.1 Internal Quality assurance/quality improvement system focused on the individual: Does the provider have a written policy on its quality assurance/quality improvement system that contains all the items required in 460 IAC and DDRS related policies. (I)	43 (42%)
<ul style="list-style-type: none"> IV.A.1.1.b - <i>An annual survey of Individual satisfaction</i>: Have documentation of efforts to improve service delivery in response to survey findings.^b 	31 (30%)
<ul style="list-style-type: none"> IV.A.1.1.a - <i>An annual survey of Individual satisfaction</i>: Maintain a record of findings from the annual individual satisfaction surveys. 	17 (17%)
<ul style="list-style-type: none"> IV.A.1.3.c - Developing and implementing a risk reduction plan to minimize potential for future incidents. 	17 (17%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

Focus Area Section I of the CERT pertains to **provider qualifications** (i.e., the provider meets qualifications for waiver services being delivered). Of the items noted as most frequently unmet within Focus Area I of the CERT, only two were previously identified on this list (prior to 10/01/2011): **Insurance that includes loss of life to an Individual**; and **Transportation requirements**. All remaining areas were only identified as such during the last quarterly period.

Table 6: Most frequently cited Indicators and Probes, CERT Focus Area I.

Areas Most Frequently Out of Compliance: Top 4 (I)ndicators; Top 3 Probes	Providers Out of Compliance
I.A.30 Insurance: Does the provider meet the requirements for an active insurance policy per 460 IAC 6-12? (I) <i>The provider will produce an active insurance policy that covers the following:</i>	26 (25%)
<ul style="list-style-type: none"> I.A.30.2 Loss of life to an individual.^b 	23 (22%)
<ul style="list-style-type: none"> I.A.30.1 Personal injury to an individual. 	16 (16%)
<ul style="list-style-type: none"> I.A.30.3 Property damage to an individual. 	15 (15%)
I.A.6 Behavioral Support Services. Level 2 Clinician: Does the provider meet the requirements for behavioral support services, Level 2 clinician per 460 IAC 6-5-4(c)? (I)	12 (12%)
<ul style="list-style-type: none"> I.A.6.3 The provider will produce documentation confirming <u>one</u> of the following: (1) Have documentation demonstrating either ten (10) continuing education hours related to the practice of behavioral supports annually for the past three years; or (2) Documentation of enrollment in a master's level program in clinical psychology, counseling psychology, school psychology, or another applied health services are of psychology, special education, or social work; or (3) Documentation of enrollment in a doctoral program in psychology. 	12 (12%)
<ul style="list-style-type: none"> I.A.6.1 The provider will produce documentation confirming at least <u>one</u> of the following requirements: (1) Have a master's degree in clinical psychology, counseling psychology, school psychology, or another applied health service area of psychology; or (2) Be a licensed marriage and family therapist licensed under IC 25-23.6; or (3) Be a licensed clinical social worker under IC 25-23.6; or (4) Be a licensed mental health counselor under IC 25-23.6; or (5) Have a master's degree in a human services field and be able to demonstrate to the BDDS behavior management committee that the individual has either coursework in or five (5) years of experience in devising, implementing, and monitoring behavior support plans. 	2 (2%)
<ul style="list-style-type: none"> I.A.6.2 The provider will produce documentation confirming the level 2 clinician is supervised by a Level 1 clinician. 	1 (1%)
I.A.2 Transportation: Does the provider meet the requirements for transportation per 460 IAC 6-5-30 and 460 IAC 6-34? ^b (I) <i>Evidence that all vehicles used by the provider to transport individuals are:</i>	7 (7%)
<ul style="list-style-type: none"> 1.A.2.3.a - Maintained in good repair. 	6 (6%)
<ul style="list-style-type: none"> 1.A.2.3.b - Properly registered with the Indiana Bureau of Motor Vehicles. 	3 (3%)
<ul style="list-style-type: none"> 1.A.2.3.c - Insured as required under Indiana law. 	3 (3%)
I.A.5 Behavioral Support Services. Level 1 Clinician: Does the provider meet the requirements for behavioral support services, Level 1 clinician per 460 IAC 6-5-4(c)? (I)	3 (3%)
<ul style="list-style-type: none"> I.A.5.1/2.c - Evidence of at least ten (10) continuing education hours related to the practice of behavioral support from a Category I sponsor as provided in 868 IAC 1.1-15, obtained during the last calendar year. 	2 (2%)
<ul style="list-style-type: none"> I.A.5.2.b - A current endorsement as a Health Service Provider in Psychology per IC 25-33-1-5.1(c). 	1 (1%)

^bAreas most frequently unmet during previous quarters, indicating areas of persistent need.

*The following results pertain to reviews conducted from 10/01/2011 through 12/31/2011.

With approximately 1/3 of providers reviewed this period delivering behavior management services, it is not surprising that two of the most frequently cited Indicators within Section I were for Behavioral Support Services. For Level 2 Clinicians, 12 were found to be out of compliance in the area of continuing education. It is important that providers of Level 2 services understand the source of their training to assure consistency with 868 IAC and compliance with 460 IAC and DDRS Policies.

Providers are required to have an active insurance policy that covers loss of life to an individual. While the majority of providers maintain this level of coverage, 23 (or 22% of those reviewed) did not. Discovered during reviews, it was not uncommon for “loss of life” to not be captured in the language of a provider’s policy. In the majority of these cases, an insurance agent/broker has been able to provide evidence of “loss of life” coverage within other categories such as “bodily harm” or “personal injury.”

Service Specific Findings:

With the compliance reviews after 09/30/2011 expanding to providers delivering more than residential services (this was the initial target group), a re-examination of Indicators and Probes took place. This resulted in identification of “Service Specific” Indicators and Probes. What follows is an examination of areas of greatest need (i.e., areas most unmet) by service type (Table 7 & 8). It should be noted that many providers deliver multiple services and their service specific findings were included in each of the categories that they deliver.

There were some consistent negative findings across service categories. All providers of direct care/professional services were found to have deficiencies in their **incident reporting policy/procedures**. With the exception of providers of music therapy, more than 60% of the other service providers’ policies were not complete. Providers of residential, respite, music therapy, and recreation therapy were lacking in the areas of **emergency behavioral supports**. Many providers did not have an acceptable **conflicts of interest and ethics policy/procedure**. In fact, more than 50% of the respite, behavior management, music therapy, and speech therapy providers received a negative finding in this area. Over 50% of the providers delivering residential habilitation and respite services were found to have **employee files lacking training** in the areas of incident reporting, respecting the dignity of an individual, and protection from abuse, neglect, and exploitation. This training is required for direct care staff prior to working with Individual’s and then at least annually thereafter.

For providers of non-direct care or ancillary services, providers of environmental modification, vehicle modification and personal emergency response systems were reviewed. Consistent negative findings across these three areas pertained to **criminal background checks**. For those delivering environmental and vehicle modification, 100% of providers reviewed did not have a sufficient history check. All three provider groups also were found to not have a sufficient **conflicts of interest and ethics policy** as well.

While there was overlap with the majority of Indicators and Probes noted, there were some frequently unmet areas that were more unique to a particular service category. These were:

- Residential Habilitation: Individual’s Personal File at the Site of Service Delivery;
- Recreational Therapists: Insurance Coverage;
- Speech Therapists: Notice of Termination of Services;
- Environmental Modification: Inclusion of a Warranty;
- Vehicle Modification: Written Procedures for Prohibiting Violations of Individual Rights.

It is suggested that all service providers examine their policies to assure alignment with the IAC 460 and also DDRS Policies. Particular attention should be paid to those areas noted within this communication.

Recommendations:

What follows is a list of current recommendations associated with the CERT process. For a more complete list, it is recommended that providers also review those noted during the previous two communications. If particular items remains relevant (i.e., noted in the past, still relevant), we have duplicated them within the list below:

1. The vast majority of the negative findings that were uncovered during this quarterly period pertained to CERT Focus Area II and providers' policies and procedures. While most providers had policies in the required areas, these did not include all of the necessary components outlined in the updated DDRS Policies. It is important that providers are aware of policy changes as they take place. These are available for review at: <http://www.in.gov/fssa/ddrs/3340.htm>. It is also important that providers monitor this web site to assure they are able to provide input into the draft policies.
 - a. Providers should also register to receive updates and information through DDRS. The location for signing up can be found at <http://www.in.gov/fssa/ddrs/3894.htm>.
2. If providers are having difficulty developing policies that are consistent with all required components, one recommendation is that a provider begin from the posted DDRS Policies. Providers should be able to copy the content of the required policy and then edit to assure it is aligned with the provider's services. For example, a Level 1 Behavioral Clinician's Complaint Policy will want to assure communication about overall behavioral services (not just Level 1). This may result in the need to address particular practices of the Level 2 Clinician being supervised.
3. Residential and respite providers should assure direct care staff are properly trained in core areas which include the DDRS Incident Reporting and Management Policy, Respecting the Dignity of an Individual, and Protection from Abuse, Neglect, and Exploitation.
4. Forty-one percent (41%) of providers reviewed during this quarterly period did not have proper criminal background checks. In addition to a provider being out of compliance, this places Individual's at an unnecessary risk of being abused, neglected, mistreated or exploited. It is recommended that all providers assure proper background checks have been completed on all of their employees, agents, etc. If a person is found without such a check, it is essential that one be completed right away.
 - a. Based on the results from reviews since inception, this item is particularly relevant for providers of non-direct care services (e.g., personal emergency response systems, specialized medical equipment, vehicle modification, and environmental modification).
5. Twenty-five percent (25%) of providers reviewed received a negative finding in the area of CPR. This was the result of reviewed employee files lacking documentation of current CPR. This is also associated with a preventable increase in risk to waiver participants. While some may not be direct care staff, other professional staff may find themselves alone with a person and in need of applying CPR and First Aid until further assistance arrives.
6. As a reminder, providers should assure their insurance policies contain reference to the following language:
 - a. Personal injury;
 - b. Loss of life;
 - c. Property damage;
 - d. Documentation of Workers Compensation coverage.

If a policy does not contain reference to all aspects noted above, providers should seek confirmation from their insurance company that this is covered or upgrade their policy accordingly. The insurance policy along with any clarification provided through the insurance company will be used to verify proper coverage during the review.

7. While we will listen to your concerns, it is important to note that the date of the survey will be set by the surveyor. Unlike other processes that we conduct, the date of this review is not flexible and is intended to allow us to capture provider performance that occurs on a daily basis. If you have extenuating circumstances and would like to further discuss these, it is recommended that you contact Dr. Christopher Baglio at Christopher.Baglio@fssa.in.gov.
8. If providers are having problems with submitting their CAP, it is important that they contact the surveyor prior to the date the CAP is due.

*As additional reviews are conducted, the overall findings will be re-examined and further recommendations provided.

For more information, please contact:

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